



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Sally Park Nursing Home
Name of provider:	Passage Healthcare International (Ireland) Limited
Address of centre:	Sally Park Close, Firhouse, Dublin 24
Type of inspection:	Unannounced
Date of inspection:	21 November 2022
Centre ID:	OSV-0005565
Fieldwork ID:	MON-0038441

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Sally Park is a Georgian building with two modern extensions set in extensive mature gardens with views over the local area. There is parking at the front of the premises, and the centre is close to public transport routes and local shops and facilities in the area.

The designated centre is provided over three floors. There are 21 single en-suite bedrooms, 5 single rooms, four double rooms and three multi-occupancy rooms. There are a range of communal rooms and seating areas in the centre, and a large dining area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	39
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Monday 21 November 2022	10:50hrs to 18:00hrs	Jennifer Smyth	Lead

## What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in Sally Park Nursing Home and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with the inspector expressed great satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared very relaxed.

On arrival to the centre the inspector was met by a member of staff who guided them through an infection prevention and control procedure which included the use of hand sanitising gel, the wearing of a mask and temperature monitoring. Following a short opening meeting, the inspector was accompanied on a tour of the premises by the person in charge.

Residents' accommodation and living space was laid out over three floors which were served by a lift and all areas were easily accessible to residents. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, bed throws and cushions, to help them feel comfortable and at ease in the home. Accommodation was provided in 21 single en-suite bedrooms, 5 single rooms, four double rooms and three multi-occupancy rooms. However there were bedrooms which did not afford residents the space to access their belongings in private. There was a variety of different spaces for residents to use throughout the day. There was comfortable day and dining spaces for residents to relax on each floor. The design and layout of the home promoted free movement.

Overall feedback from residents spoken with was that the staff who delivered their care were kind and attentive. One resident described the staff as 'very good'. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly and unhurried manner. Call bells were answered promptly and staff were seen knocking on bedroom doors prior to entering.

Residents spoken with were highly complementary of the service received and told the inspector that they felt safe and very well cared for living in the centre. The inspector observed that the care staff knew the residents well and were aware of their individual needs. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported. Residents were familiar with the name of the person in charge and other staff members. They said that they were approachable and would address any concerns brought to their attention.

Mealtimes were seen to be an enjoyable and social occasion. The residents expressed a high level of satisfaction with the meal. Staff assisted residents, in need of support during mealtimes, in a kind and patient manner. Choice was seen to be offered, there was a written menu available and staff informed residents of what options were on offer. However a pictorial menu may have benefited residents who required extra communication support. Fresh water was also available in dispensers

and jugs the centre so that residents could get a drink of fresh water as required throughout the day.

A number of residents spoken with said that there was plenty of activities to choose from and that in particular they enjoyed the live music. On the day of inspection there was live music by Niamh Kavanagh, a former Eurovision singer.

During the course of the day, the inspector observed visitors arriving to home, where they adhered to the infection prevention and control measures in place. They reported that the home had frequently communicated with the family during times of no indoor visits and that they were very grateful for this.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

There were established management structures in the designated centre and quality systems. There were sufficient resources available to ensure the effective delivery of care to residents.

Passage Healthcare International (Ireland) limited is the registered provider for Sally Park Nursing home. At the time of the inspection, the person in charge was supported in their role by the assistant director of nursing (ADON), nursing staff and health care assistants and a maintenance supervisor, who also oversaw cleaning in the centre. There were clear governance and management arrangements in place, where the person in charge held meetings with the provider, to discuss resources and clinical care, and to escalate any issues in the centre. However improvements were required in relation to the management systems in terms of identifying responsible persons and time frames for actions to be completed. This is further discussed under Regulation 23: Governance and Management.

There was a written statement of purpose which had been reviewed in January 2022 that was made available to the inspector for review. Audits carried out to monitor the service included care plan, infection control and environmental. Monthly audits of restrictive practice and falls were also completed. There was a reduction noted in falls from previous audits carried out. However careplan audits did not identify a timeframe to address findings.

There were sufficient staff to meet the assessed health and social care needs of the residents. A mandatory training plan was developed for 2022 which included dates for mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse, and also in supplementary training such as in Managing Behaviours that Challenge and infection prevention and control practices.

The inspector found that all the staff records required in Schedule 2 of the regulations were safely stored and accessible. The inspector also reviewed three contracts for the provision of services and found them to be in line with the regulations, with each outlining the terms and conditions of the residents' residency and details of the fees to be charged for additional services.

Contracts of care were in place for each resident and had been appropriately signed and detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre

The registered provider had recently reviewed their comprehensive COVID-19 contingency and preparedness plan. An annual review report for 2021 was made available to inspectors. Residents and their families had completed surveys on the service in 2021, and their feedback was included in the report.

### Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults, moving and handling and fire safety.

Judgment: Compliant

### Regulation 21: Records

The registered provider had ensured that records set out in Schedule 2,3 and 4 were kept in the centre and were available for inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There was good governance and management systems identified with clearly-defined roles and responsibilities set out. Staff were aware of the line management reporting protocols within the centre.

An annual review of the quality and safety of care delivered to residents had taken place for 2021. The inspector saw evidence that the review was completed in consultation with residents and their families.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The registered provider had agreed the terms in writing on which a resident shall reside in the designated centre, this included their room number, the occupancy of the rooms and fees.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information as set out in Schedule 1. This was seen to be reviewed and revised at intervals not exceeding a year.

Judgment: Compliant

## Quality and safety

Overall, residents were supported to have a good quality of life which was respectful of their wishes and preferences. The quality of care received by residents was of a high standard with timely access to health care interventions evidenced in the records reviewed during the inspection. The inspector met with and spoke with many residents throughout the inspection and the overall consensus was that they liked living in the centre and that they felt safe and secure living there. However, action was required in respect to infection prevention and control practices and premises.

There was evidence of referral to, and recommendations from, other healthcare professionals such as the G.P, dietitian, public health nurse, physiotherapist and national retina screening service where necessary.

A number of residents' care plans were reviewed and these records indicated that there was a pre-assessment in place before a person was a resident in the centre. Care plan records reviewed showed that residents, and where appropriate their families, were involved in the care planning process with care plans detailing residents' preferences as to how they wanted to be cared for.

The environment was found to be clean, however, some further action was required



to ensure that the internal premises conformed with all areas as per Schedule 6 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013. For example, while there was a maintenance schedule for décor and repairs, no timeframes were identified to complete works. On the day of inspection there was evidence of chipped paintwork, marked flooring and inappropriate storage. This is further discussed under Regulation 17: Premises.

The observed design and layout of some of the multi-occupancy bedrooms within the designated centre impacted on residents' right to privacy and to retain control over their belongings. Inspectors were told on the day of the inspection that the registered provider intended to review the layout of these bedrooms. One triple occupancy room was planned to reduce to a double room. Management reported work was to commence on a planned extension of the designated centre in February 2023. The plan also included a refurbishment of the designated centre on completion of the extension.

Residents were kept informed of updates in the COVID-19 pandemic and changing public health guidance. The inspector found evidence of vaccination programmes for residents including seasonal influenza vaccination. There was a detailed preparedness plan in place in the event of a COVID-19 outbreak. However, the inspector found some practices that were not consistent with measures to maintain an infection free environment and these practices are described under regulation 27.

While there was good knowledge within the staff team concerning fire procedures and their role in evacuation of residents in the event of fire, the lift on the ground floor remained without a compartment, this was a finding from the previous two inspections. Management reported this work is planned to be carried out during the renovation work in 2023. There were two areas identified for smoking for residents, there were no cigarette bins available, butts were discarded on the ground. One area had a fire extinguisher located in the vicinity. In the other area, the fire extinguisher was located inside the centre. There was no call bell available in either areas.

## Regulation 17: Premises

The following were improvements required to ensure the needs and safety of the residents conformed to Schedule 6 of the regulations:

- Two of the triple occupancy rooms, were not configured in a manner where each resident had access to a chair and locker
- The flooring in the main sitting room was heavily worn, this was a finding on the previous inspection.
- Two communal shower and toilet doors had no signage to indicate their function.
- A hoist was inappropriately stored in a resident's bedroom.
- Floor boards have uneven terrain on the second floor which posed a trip

hazard.

- Decor in some areas around the centre were in poor condition such as bubbling paint on ceiling on the second floor where there had been roof leak, chipped paintwork on walls, window sills, shelving and skirting boards.
- No call bells available in the smoking areas, for residents to call for assistance if required.

Judgment: Substantially compliant

## Regulation 27: Infection control

Issues important to good infection prevention and control practices required improvement:

- The current layout of the laundry did not fully support the functional separation of the clean and dirty phases of the laundering process.
- There were ample supplies of PPE available however a number staff were seen not to use PPE in line with national guidelines. For example staff were seen to wear their face masks below their nose.
- Unused incontinence wear was stored out of its packaging which could pose a risk of cross contamination.
- Inappropriate storage was observed in the cleaners room, boxes stored on floor which meant effective cleaning would be difficult to carry out.
- Shower room had no hand towels or holder available.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A comprehensive assessment was seen to be carried out on residents prior to admission to the centre. Care plans were prepared within 48 hours of admission, and were formally reviewed at intervals not exceeding four months or where required.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to general practitioner and physiotherapy services, and to other medical and health and social care professionals via a referral process. The

inspector also noted that eligible residents were facilitated to access the services of the national screening programme.

Judgment: Compliant

### Regulation 9: Residents' rights

Two multi-occupancy bedrooms did not lend themselves to the privacy of residents, for example:

- These rooms did not allow for each resident to have access to their bedside lockers within their personal space.
- Each resident did not have seating available in their personal area.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The following improvements were required to ensure the safety of residents, staff and visitors:

- The lift on the ground floor had no fire lobby, this was identified from the previous inspection.
- There were no cigarette bins in the two areas identified for smoking.
- There were no call bells available in the smoking areas, for residents to call for assistance if required.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for Sally Park Nursing Home OSV-0005565

Inspection ID: MON-0038441

Date of inspection: 21/11/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The two triple occupancy rooms have been reconfigured so that all residents have access to their chair, locker and personal belongings.</p> <p>There is a plan in place to replace all of the flooring in the communal areas as part of the Refurbishment and extension that is commencing in Feb 2023.</p> <p>New signage has been placed on the communal shower and toilet doors to indicate their function.</p> <p>There are designated areas to store the hoist and staff have been reminded to use the storage areas at all time.</p> <p>There is a full plan to rejuvenate the interior of the home as part of the refurbishment and extension that will commence in Feb 2023.</p> <p>There is a call bell now available in the smoking areas for residents to call for assistance if required. Cigarette butts bin provided and signage to indicate smoking area.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The Laundry area is small and is not fit for purpose going forward, (this has meant that our laundry staff have had to work harder at maintaining good IPC practices) to this end when the extension of the Nursing Home commences in Feb 2023, the laundry will be</p>	

outsourced, due to the size of the laundry the bedding has always been outsourced so this will be an additional add on to the current process.

All Staff have done a refresher course on proper use of PPE. The Senior HCA on duty as well as the Nurses on Duty actively promote appropriate Mask wearing. It is fair to say that this was an area where management had slightly relaxed as from Mar 2020- Sept 2022, this was an area that was on high alert with management keeping a log of breaches in PPE. Staff have been reminded to assist each other in correct mask wearing.

Unused incontinence wear is now left in its own packaging.

Boxes are now stored appropriately in the storage room and not on the floor.

Hand Towels are installed in 2 shower rooms.

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: As per Regulation 17 above where required rooms have been reconfigured so that all residents have access to their chair, locker and personal belongings.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: A fire lobby on the ground floor outside the lift will be constructed as part of the refurbishment/extension of the Nursing Home  There is a call bell now available in the smoking areas for residents to call for assistance if required. Cigarette butts bin provided and signage to indicate smoking area.	





## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	22/11/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall	Substantially Compliant	Yellow	22/11/2023

	provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	05/12/2022